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A case of placental chorionangioma

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Objective

Chorionangiomas are the most common non-trophoblastic tumors of the placenta with an incidence of approximately 1%. It is usually symptomless and may be associated with serious maternal and fetal complication when it reaches a large size. Fetal anemia, fetal hydrops, polyhydramnios, preterm labour and placental abruption have been described in the literature. We present one case of chorioangioma with good outcome.

Methods

This is a report of case of chorioangioma in pregnancy.

Results

A 29-year-old woman primigravida. Ultrasound at 25+ 5 weeks gestation showed a large, vascular tumour with mixed echogenicity measuring 80 x 82mm in the placenta. The Doppler scan showed substantial vascularity of the mass. There was polyhidramnion with max pool 13 cm. Middle cerebral artery Dopplers (MCA) and peak systolic velocity (Vmax 60 cm/s) MoM - 1.6 indicative severe fetal anemia demanding intrauterine blood transfusion. Diagnosis of chorioangioma was made and therefore a blood transfusion to fetus and amnioreduction was carried out. The patient then was managed with serial weekly follow up scans and another 2 amnioreductions were done. She delivered prematurely at 31 weeks with female baby 1420 gr. , Apgar 7/8 with moderate anaemia. Histopathological examination confirmed the prenatal diagnosis of chorioangioma of placenta. .

Conclusion

Ultrasound examination is the gold standard in the diagnosis of placental chorioangioma during pregnancy. In the presented case, the placental tumor was diagnosed with exist of polyhydramnion and fetal anemia. Management of chorioangioma is usually conservative with careful monitoring via serial ultrasound examinations with timely amnioreduction and intrauterine blood transfusion to the fetus if necessary.